

The special attention of Physicians is respectfully invited to the remarks below, and to the list of diseases printed on this Certificate.

THE HEALTH DEPARTMENT OF THE CITY OF NEW YORK HAS MADE THE FOLLOWING ORDER:

"All permits for the removal of the body of any deceased person from the City of New York for Interment, and all Burial Permits, and Permits for the Disinterment of the remains of deceased persons in the City of New York, shall be granted and signed by the Register, or Deputy Register of Records."

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the DIVISION OF VITAL STATISTICS, within **36 HOURS** after said person's death. (Sec. 161 of Sanitary Code.)

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

All physicians practising in New York City (including those in public institutions) are required to register their names in the Division of Vital Statistics. (Sec. 5 of Sanitary Code.)

The attention of Physicians is earnestly invited to the following list of diseases, in reference to which the particulars specified are essential to the *proper classification* of causes of death, and consequently to the *accuracy and usefulness* of our statistics of mortality. It is respectfully suggested that a *negative* statement is often as important as a positive one—for instance—"ABORTION—*At two months.*" "METRITIS—*No cause discoverable.*" "CANCER OF STOMACH—*Not hereditary, as far as known.*" "ERYSIPELAS OF HEAD—*Not of traumatic origin.*" "GANGRENE OF LEG—*No definite cause.*" "METRITIS—*Not puerperal.*" "SMALL POX—*Patient never vaccinated.*" "OVARIAN TUMOR—*No operation.*" etc.

* ABORTION AND MISCARRIAGE.—Cause, Mode of Death and Period of Gestation.

* ABSCESS—Location and Cause, if any.

† ANEURISM—Vessel involved, and Mode of Death. Whether operation.

* ASPHYXIA—Cause.

* CELLULITIS—Seat and Cause.

CEREBRO-SPINAL MENINGITIS—Variety. Whether probably Zymotic (Cerebro-Spinal Fever), or a simple Inflammation.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat. Whether Hereditary or not.

† CALCULUS—Mode of Death. Whether after Operation, and if so, what one.

CARCUNCLE—Location.

CONGESTIVE FEVER—Variety.

CONTINUED FEVER—Whether Simple Continued Fever or other Variety, and Cause.

* CONVULSIONS—Variety. Whether Epileptic, Puerperal, Uræmic, etc. DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved, if any.

DROPSY—Variety and Cause.

* ENTERITIS AND GASTRO-ENTERITIS—Cause, if known. Whether Diarrhoeal or not.

* ERYSIPELAS—Seat and Cause. If Traumatic, how produced

* FRACTURES—Cause and Mode of Death. (State nature of Accident, etc., clearly.)

* GANGRENE—Seat and Cause.

GASTRIC FEVER—Whether Remittent, Typhoid, etc., or Simple Gastritis.

* GASTRITIS—Whether Simple, or from a Definite Cause.

† HERNIA—Variety and Mode of Death. Whether any Operation.

INSANITY—Variety and Mode of Death.

INTERMITTENT FEVER—Variety, as Quotidian, Tertian, etc.

MALIGNANT PUSTULE.—Location and Cause. Whether probably dependent on Contagion or not.

* MENINGITIS—Whether, Simple, Tubercular or Traumatic.

METRITIS—Variety and Cause. Whether Puerperal or not.

* NECROSIS AND CARIES—Seat, Original Cause, and Mode of Death.

† OVARIAN TUMOR—Mode of Death. Whether Operation.

PARALYSIS—Variety and Cause.

* PERITONITIS—Variety. Whether Simple, Puerperal, Traumatic, etc.; and, if the last, how produced.

* PHLEBITIS—Cause, Seat and Variety.

* PYÆMIA—Cause, Nature of Antecedent Injury, if any, and how produced.

PREMATURE BIRTH—Probable Cause. Fœtal Age.

PRETERNATURAL OR ABNORMAL BIRTH—Manner of.

SMALL POX—How often, and when patient Vaccinated.

SYPHILIS—Variety, Chief Location, and Mode of Death.

* TETANUS—Whether Idiopathic or Traumatic. Nature of Antecedent Injury, if any, and how produced.

† TUMOR—Location, Variety and Mode of Death. Whether Operation.

ULCERS—Nature, Chief Location, and Mode of Death.

URÆMIA—Cause or Associate Affection. Whether Puerperal.

* WOUNDS—Cause, Variety, Seat, and Mode of Death.

* As deaths from these causes may be due to poison, accident or violence, the cause must be stated before a permit for burial will be granted. Particularize any *Accident or other violent Cause* leading to Death, and *Character of Injury*.

† Specify every *Surgical Operation* with fatal result, and state the disease which necessitated it.

Mention *INTEMPERANCE* whenever recognized as having produced or complicated the direct cause of death. Give as many particulars as possible in instances of rare diseases, such as Hydrophobia, Glanders, etc.

Laws Regulating Coroners' Inquests in the City of New York, Chapter 410, Section 1173, Laws of 1882.

Hereafter, when in the City and County of New York, any person shall die from criminal violence, or by a casualty, or suddenly, when in apparent health, or when unattended by a physician, or in prison, or in any suspicious or unusual manner, the Coroner shall subpoena a properly qualified physician, who shall view the body of such deceased person externally, or make an autopsy thereon, as may be required (preparatory to an inquest).

N.B.—The Superintendent of Vital Statistics cautions all persons against accepting or using this Certificate for any purpose except that of delivering it for a Burial Permit and Registration, in case of the issuance of a duplicate Certificate, the word "Duplicate" should be written across it.